

Table 2 Views of people living with HIV/AIDS (PLHIV) and their relatives about the problems of providing services for PLHIV in the Islamic Republic of Iran

Macro-category	Category	Example quotes
<i>Views of PLHIV</i>		
Stigma of HIV	PLHIV fear the stigma that is attached to them by their family	"Our own families have a negative attitude toward us. This is worse than any other thing, including the disease itself."
	PLHIV fear the stigma that is attached to them by the community	"People in the community will reject us if they know that we are HIV-positive individuals."
	PLHIV fear the stigma that is attached to them by medical staff	"Even the medical staff look down on us." "When hospital staff found that my brother is HIV infected, they put a tag on his room door saying that the room is isolated due to the risk of HIV. It prevented personnel from providing proper services. Additionally, other patients and visitors looked down at us. It really annoyed us."
Dissatisfaction with some of the services provided in counselling centres	Counsellors' weakness in conducting counselling sessions for PLHIV	"Despite the fact that we need further counselling, after one or two sessions we do not experience any good quality counselling."
	Medical staff's lack of respect for PLHIV in counselling centres	"Unfortunately, a large number of medical personnel do not have an appropriate behaviour toward us, especially when the centres are busy."
	Medical staff's inattention and lack of motivation (e.g. causing long waiting times for PLHIV to receive drugs and services)	"Some of the patients are employed and their employers give them only a short time off in order to go to the counselling centre. However, they wait too long in the centres due to personnel's negligence." "In most cases, when we refer to services, we face staff inattention. They will treat us in way that makes us feel embarrassed."
Lack of awareness and training in the community and special groups	Frequent changes of medications and problems with side-effects for PLHIV	"Our medicines have side-effects and change frequently."
	Lack of awareness in the community about HIV/AIDS (e.g. the training programmes provided for the public and high-risk groups are sporadic and cross-sectional)	"The community and the people around us are not yet sufficiently familiar with this disease."
Violation of patients' confidentiality	Lack of an organized and continuous training programme about HIV/AIDS for PLHIV In each stage, patients need some information about the disease, self-care, and other issues. Such trainings are not provided and most trainings for patients are limited to primary ones.)	"We need permanent and ongoing training; however, after diagnosis, we do not receive a lot of training."
	Violation of patients' confidentiality by medical staff	"Some of the medical personnel, especially in hospitals, inform other staff and our family about our disease as soon as we are admitted to the medical centre."
Lack of access to required specialized care services	Lack of access to infectious disease specialists and psychiatrists for PLHIV during all weekdays	"Unfortunately, we do not have access to specialists, particularly infectious disease specialists on all weekdays."
Employment problems of PLHIV	Lack of jobs for PLHIV who are unemployed	"We have problems with finding jobs. But the policy-makers do not take any action [to solve this problem] in this regard."
Excessive bureaucracy ^a	Excessive bureaucratic processes for receiving services (e.g. although there are some pre-defined support services such as loans, job, insurance, and health and hospital services, the bureaucratic complications deter patients from using them)	"I was in jail some years ago. I was promised an employment loan of 100 million rials when I left prison. But I never received this loan due to administrative bureaucracy."
<i>Views of relatives of PLHIV</i>		
Stigma of HIV	Relatives fear the stigma attached to them by the community	"In fact, in the community, both the patient and his/her family members are stigmatized."
Disparities in services provided across the country	Disparities in services provided in different counselling centres across the country	"We moved to another city, where the provided services were better than those offered here. For example, dental services were also provided there." "Good services are only offered in provincial capitals."
Problems associated with methadone maintenance therapy (MMT) for PLHIV	Lack of a comprehensive plan for the unification of patients' MMT in service centres across the country	"The excessive costs of methadone and lack of a unified procedure for receiving it have caused a lot of problems for us. Our patient is an addict who requires methadone along with other medications; however, there are many problems in providing MMT."
Dissatisfaction with some of the services provided in counselling centres	Counsellors' weakness in conducting counselling sessions	"Given the large number of patients covered by counselling centres, the counselling sessions are often short and incomplete."
	Frequent change in patients' medications, and the subsequent side-effects (e.g. when ART is not available it leads to discontinuity of treatment or to one of the drugs in a regime being replaced with other drugs)	"Frequent change of patients' medications causes side-effects. Also, sometimes their medicines are not provided on time."
Dissatisfaction with hospital care	Inadequate provision of health services, particularly at the time of patients' admission to hospital	"Unfortunately, when these patients are admitted for a particular problem, many of the physicians and medical staff avoid accepting them or offering their services."
Substance abuse by PLHIV	Problems in health care caused by patients' substance abuse	"The problem of their [patients'] substance abuse causes great problems in treatment and other social services that are provided for them."